

REIMBURSEMENT OR ADVANCE OF FUNDS AGREEMENT

1 AGREEMENT NUMBER (25)				2 FISCAL YEAR (4)		3 ESTIMATED AMOUNT (11)				4 AGY. BILL IND (1)		5 TRANS. CODE (1)		6 ACTION CODE (1)	
7 AGENCY REQUESTING SERVICE								8 AGENCY PERFORMING SERVICE							
NAME (32)								NAME (32)							
1ST LINE ADDRESS (32)								1ST LINE ADDRESS (32)							
2ND LINE ADDRESS (32)								2ND LINE ADDRESS (32)							
CITY (21)				STATE (2)		ZIP CODE (9)		CITY (21)				STATE (2)		ZIP CODE (9)	
9 SERVICES TO BE PERFORMED (Give brief explanation and basis for determining cost of services. Attach additional sheet if needed.)															
10 LIST REFERENCES TO CORRESPONDENCE RELATIVE TO THIS WORK (Requesting agency only.) (50)															
11 DURATION OF AGREEMENT								12 METHOD OF PAYMENT							
EFFECTIVE DATE (From)				CONTINUING THROUGH				REIMBURSEMENT				ADVANCE OF FUNDS			
<input type="checkbox"/>				BILLING FREQUENCY				<input type="checkbox"/>				TYPE OF ACCOUNT			
13 FINANCING (REQUESTING AGENCY - WHEN NOT SERVICED BY NFC)															
APPROPRIATION SYMBOL AND TITLE								PROJECT, ALLOTMENT, OR WORKPLAN NO. (As applicable)							
14 FINANCING (REQUESTING AGENCY - WHEN SERVICED BY NFC)															
AGENCY CODE	FUND CODE	ACCT. STATION	ACCOUNTING CLASSIFICATION								OBJECT CLASS	AMOUNT			
			A	B	C		D	E							
2	2	4	5	10	5	3	4	1	4	1	2	4	9	2	
15 FINANCING (PERFORMING AGENCY)															
AGENCY CODE	FUND CODE	ACCT. STATION	ACCOUNTING CLASSIFICATION								OBJECT CLASS	AMOUNT			
			A	B	C		D	E							
2	2	4	5	10	5	3	4	1	4	1	2	4	9	2	
16 LEAVE FACTOR (3)		17 FICA FACTOR (2)		18 OVERHEAD FACTOR (3)											
19 REQUESTING AGENCY APPROVAL								20 PERFORMING AGENCY APPROVAL							
SIGNATURE						DATE		SIGNATURE						DATE	
TITLE								TITLE							
PERSON TO CONTACT				PHONE (Area Code and No.)		FTS	COMM	PERSON TO CONTACT				PHONE (Area Code and No.)		FTS	COMM